

Mental Health Services Oversight & Accountability Commission

Mental Health Triage Personnel Grant

Process Information Report

Date of Report		3/31/15				
	County Name:	Placer				
	Name of Contact:	Curtis Budge	Phone Numb	Phone Number: 916-787-8976		
			Email: cbudge	@placer.ca.gov		
		er of Triage Perso Ill-time Equivalents I		te		
	a. County	Staff Total	3.0	FTEs		
	b. <u>Contra</u>	ct Staff Total	7.0	FTEs		
· ·	(Identify in Fu	er for each type o ull-time Equivalents slow- please specify	FTEs. If the staff hir	ed do not fit the		
	a. <u>County</u>	· Staff				
	i. (Case Managers		FTEs		
	ii. S	Social Workers		FTEs		
	iii. 1	Nurses		FTEs		
	iv. (Clinicians	3	FTEs		

	v. Mental Health Workers		FTEs
	vi. Peer Providers		FTEs
	vii. Outreach Workers		FTEs
	viii. Psychiatrists		FTEs
	ix. Other		
			FTEs
b.	Contract Staff		
	i. Case Managers		FTEs
	ii. Social Workers		FTEs
		for the state of t	•
	iii. Nurses		FTEs
	iii. Nurses iv. Clinicians		FTEs
			1 1
	iv. Clinicians	7.0	FTEs
	iv. Clinicians v. Mental Health Workers		FTEs
	iv. Clinicians v. Mental Health Workers vi. Peer Providers		FTEs FTEs
	iv. Clinicians v. Mental Health Workers vi. Peer Providers vii. Outreach Workers		FTEs FTEs FTEs

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			market and the second s	
	3. Identify	y Triage Locations f	or Service and Points of Acces	S
		ntly Available with St	-	
•	(i.e rios _i	pital emergency rooms,	, homeless shelters, mobile team, et	<i>c.)</i>
	Client's Ho	ome	Mental Health Clinic	
	Shelter	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	Medical Clinics	
	Communi	ity location(parking lots,streets)	Hospital Emergency Rooms	
		<u>+</u>		
	4. Comm	nents		
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	If you have	questions, contact	Cody Scott	
	Email: Cod	y.Scott@mhsoac.d	a.gov	
		nber: (916) 445-86		
	FIIOHE MUH	11061. (310) 11 3-00	92	

FTEs